mey Docket No.: 02307O-087900 Client Reference No.: 98-009-1

DECLARATION

As a be	low	named	inventor.	, Ι	dec	are	that:
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inventor (is subject ma	f only one name is listed to tter which is claimed and EACTIVITY AND USES	pelow) or an original, first for which a patent is soug	and joint inventor (if plu ht on the invention entitlation of which X is	believe I am the original, in the inventors are named belied: ANTIGENIC EPITO attached hereto or (if applicable).	elow) of the PES WITH
amendmen application 35, United identified by which prior	t referred to above. I ack in accordance with Title 3 States Code, Section 119 below any foreign application rity is claimed.	knowledge the duty to dis- 17, Code of Federal Regulation of any foreign application	close information which tions, Section 1.56. I cla s) for patent or inventor'	luding the claims, as amer is material to the examin tim foreign priority benefit is certificate listed below a g date before that of the ap	ation of this s under Title nd have also
	Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119	
Carl Care than the Care than t	aim the benefit under Title	35, United States Code § 11	19(e) of any United States	provisional application(s)	listed below:
	App	plication No.	Filing D	ate	
Foliaim the the subject provided be information	matter of each of the claim by the first paragraph of	ms of this application is no litle 35, United States Co de of Federal Regulations,	ot disclosed in the prior Under Section 112, I acknowledge Section 1.56 which occur	oplication(s) listed below ar United States application in owledge the duty to discluded the filing date	the manner ose material
	Application No.	Date of Filing	S	tatus	_

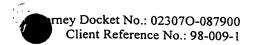


orney Docket No.: 02307O-08 7 900 ClientReference No.: 98-009-1

Full Name of	Last Name:	First Name:	Middle Name or Initial:
Inventor 1:	ROSE	LARRY	М.
Residence &	City:	State/Foreign Country:	Country of Citizenship:
Citizenship:	Carmichael	US	US
Post Office	Post Office Address:	City:	State/Country: Postal Code:
Address:	5467 Wildflower Circle	Carmichael	CA 95608
Full Name of	Last Name:	First Name:	Middle Name or Initial:
Inventor 2:	MEARES	CLAUDE	F.
Residence &	City:	State/Foreign Country:	Country of Citizenship:
Citizenship:	Davis	CA	US
Post Office	Post Office Address:	City:	State/Country: Postal Code:
Address:	421 Encina Avenue	Davis	CA 95616
Full Name of	Last Name:	First Name:	Middle Name or Initial:
Inventor 3:	O'DONNELL	ROBERT	Т.
Residence &	City:	State/Foreign Country:	Country of Citizenship:
Citizenship:			US
Post Office	Post Office Address:	City:	State/Country: Postal Code:
Address:			

so made are punishable by fine	or imprisonment, or both, under Section 1	n the knowledge that willful false statements and 1001 of Title 18 of the United States Code, and
willful false statements may jee	opardize the validity of the application or a	my patent issuing thereon.
ignature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
ARRY M. ROSE	CLAUDE F. MEARES	ROBERT T. O'DONNELL
Date	Date	Date

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DECLARATION

As a below named inventor, I declare that:

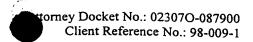
M-1 RE 1998 as ve revi- ndment lication United tified b	ACTIVITY AND USES Application No. 09/181,8 ewed and understand the referred to above. I ac in accordance with Title States Code, Section 119	THEREOF the specification of the above ide contents of the above ide knowledge the duty to dis 37, Code of Federal Regular of any foreign application of the specification of the	entified specification, included in the control of	tled: ANTIGENIC EPITOPE and hereto or X was filed of cable). cluding the claims, as amended is material to the examination aim foreign priority benefits utility is certificate listed below and any date before that of the application.	ed by a on of t inder Ti
r Fore	ign Application(s)			Priority Claimed Under	
ļ	Country	Application No.	Date of Filing	35 USC 119	
reby cla		35, United States Code § 1	19(e) of any United State	es provisional application(s) list	ted bel
subject vided b rmation	matter of each of the cla y the first paragraph of a as defined in Title 37, C	ims of this application is no Title 35, United States Co	ot disclosed in the prior ode, Section 112, I ack Section 1.56 which occu	application(s) listed below and, United States application in the nowledge the duty to disclosurred between the filing date o	he mai e mate
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Full Name of	Last Name:	First Name:	Middle Name o	r Initial:
Inventor 1:	ROSE	LARRY	M.	
Residence &	City:	State/Foreign Country:	Country of Citiz	zenship:
Citizenship:	Carmichael	US	US	
Post Office	Post Office Address:	City:	State/Country:	Postal Code:
Address:	5467 Wildflower Circle	Carmichael	CA	95608
Full Name of	Last Name:	First Name:	Middle Name o	r Initial:
Inventor 2:	MEARES	CLAUDE	F.	
Residence &	City:	State/Foreign Country:	Country of Citiz	zenship:
Citizenship:	Davis	CA	US	
Post Office	Post Office Address:	City:	State/Country:	Postal Code:
Address:	421 Encina Avenue	Davis	CA	95616
Full Name of	Last Name:	First Name:	Middle Name o	r Initial:
Inventor 3:	O'DONNELL	ROBERT	T.	
Residence &	City:	State/Foreign Country:	Country of Citiz	zenship:
Citizenship:			US	•
Post Office Address:	Post Office Address:	City:	State/Country:	Postal Code:

If the declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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if	Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
[]	Xmyllo		
9	LARRY M. ROSE	CLAUDE F. MEARES	ROBERT T. O'DONNELL
	Date 1/6/59	Date	Date

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DECLARATION

As a below named inventor, I declare that:

nventor (if ubject mat LYM-1 RE 28, 1998 as have revi- mendment application 35, United dentified b	only one name is listed by the which is claimed and ACTIVITY AND USES Application No. 09/181,89 ewed and understand the referred to above. I ack in accordance with Title 3 States Code, Section 119	pelow) or an original, first for which a patent is soug THEREOF the specificati 26 and was amended on contents of the above ide cnowledge the duty to dis 37, Code of Federal Regula of any foreign application	and joint inventor (if plur ht on the invention entitle on of which is attached (if applical ntified specification, incluclose information which itions, Section 1.56. I claim s) for patent or inventor's	elieve I am the original, first a al inventors are named below d: ANTIGENIC EPITOPES I hereto or X was filed on ole). Iding the claims, as amended a material to the examination on foreign priority benefits undertificate listed below and he date before that of the applications.	by any of this der Title ave also
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	ign Application(s) Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119	
in i	nim the benefit under Title	35, United States Code § 1	19(e) of any United States p	provisional application(s) listed	d below:
	Ap	plication No.	Filing Dat	te	
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he subject provided b nformation	matter of each of the claim y the first paragraph of a n as defined in Title 37, Co	ms of this application is no Title 35, United States Co	ot disclosed in the prior Unode, Section 112, I acknot Section 1.56 which occurr	olication(s) listed below and, in ited States application in the wledge the duty to disclose the between the filing date of the state o	manner material
	Application No.	Date of Filing	. Sta	atus	

orney Docket No.: 02307O-08 7 900 Client Reference No.: 98-009-1

Full Name of	Last Name:	First Name:	Middle Name or Initial:
Inventor 1:	ROSE	LARRY	М.
Residence &	City:	State/Foreign Country:	Country of Citizenship:
Citizenship:	Carmichael	US	US
Post Office	Post Office Address:	City:	State/Country: Postal Code:
Address:	5467 Wildflower Circle	Carmichael	CA 95608
Full Name of	Last Name:	First Name:	Middle Name or Initial:
Inventor 2:	MEARES	CLAUDE	F.
Residence &	City:	State/Foreign Country:	Country of Citizenship:
Citizenship:	Davis	CA	US
Post Office	Post Office Address:	City:	State/Country: Postal Code:
Address:	421 Encina Avenue	Davis	CA 95616
Full Name of	Last Name:	First Name:	Middle Name or Initial:
Inventor 3:	O'DONNELL	ROBERT	T.
Residence &	City:	State/Foreign Country:	Country of Citizenship:
Citizenship:			US
Post Office	Post Office Address:	City:	State/Country: Postal Code:
Address:			

Further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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and a		G: GY 2
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
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=	Jay 1, Mer	<u> </u>
LARRY M. ROSE	CLAUDE F. MEARES	ROBERT T. O'DONNELL
Date	Date /2-15-51	Date
# ===	V	

mey Docket No.: 02307O-087900 Client Reference No.: 98-009-1

DECLARATION

As a	a	below	named	inventor,	I	declare	that
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inventor (if subject mar LYM-1 RF 28, 1998 as I have reviamendment application 35, United identified by which prior	f only one name is listed ther which is claimed and EACTIVITY AND USE. Application No. 09/181, lewed and understand the referred to above. I a in accordance with Title States Code, Section 119 below any foreign applicantly is claimed.	below) or an original, first of for which a patent is sought a patent is sought as a pat	and joint inventor (if plusht on the invention entition of which is attached in tified specification, includes information which tions, Section 1.56. I class) for patent or inventor'	believe I am the original, first a tral inventors are named below led: ANTIGENIC EPITOPES ed hereto or X was filed on able). Inding the claims, as amended is material to the examination lim foreign priority benefits und as certificate listed below and has g date before that of the applications.	by any of this er Title ave also
	ign Application(s) Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119	
Thereby cla	aim the benefit under Titl	e 35, United States Code § 11	19(e) of any United States	provisional application(s) listed	below:
		pplication No.	Filing D	ate	
T claim the the subject provided b information	matter of each of the clay y the first paragraph of a as defined in Title 37, C	aims of this application is no Title 35, United States Co	ot disclosed in the prior Under Section 112, I acknowledge Section 1.56 which occur	oplication(s) listed below and, in Inited States application in the owledge the duty to disclose a red between the filing date of the	manner naterial

Application No.	Date of Filing	Status
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Full Name of Inventor 1:	Last Name: ROSE	First Name: LARRY	Middle Name o	r Initial:
Residence & Citizenship:	City: Carmichael	State/Foreign Country: US	Country of Citiz	zenship:
Post Office Address:	Post Office Address: 5467 Wildflower Circle	City: Carmichael	State/Country: CA	Postal Code: 95608
Full Name of Inventor 2:	Last Name: MEARES	First Name: CLAUDE	Middle Name o	r Initial:
Residence & Citizenship:	City: Davis	State/Foreign Country: CA	Country of Citiz US	zenship:
Post Office Address:	Post Office Address: 421 Encina Avenue	City: Davis	State/Country: CA	Postal Code: 95616
Full Name of Inventor 3:	Last Name: O'DONNELL	First Name: ROBERT	Middle Name or Initial: T.	
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship: US	
Post Office Address:	Post Office Address:	City:	State/Country:	Postal Code:

In the declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
LARRY M. ROSE	CLAUDE F. MEARES	ROBERT T. O'DONNELL
Date	Date	Date 11/1/98

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DECLARATION

As a below named i	inventor, I	declare	that
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inventor (if subject mate LYM-1 RE	only one name is listed ter which is claimed and ACTIVITY AND USE	nd citizenship are as stated be below) or an original, first if for which a patent is sough THEREOF the specification and was amended on	and joint inventor (if plurant on the invention entitled on of which is attached	al inventors are named be i: ANTIGENIC EPITOR hereto or X was filed	low) of the PES WITH
amendment application 35, United identified b	referred to above. I a in accordance with Title States Code Section 119	e contents of the above identification of the cknowledge the duty to discuss 37, Code of Federal Regula of any foreign application ation for patent or inventor's	close information which is tions, Section 1.56. I clain s) for patent or inventor's	s material to the examina n foreign priority benefits certificate listed below an	ution of this under Title and have also
Prior Fore	ign Application(s)				
	Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119	
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. .		ac 11.'h 15h 1 C 1 C 1 C 1	10/-) of any United States	arovisional application(s) l	isted helow:
∐I hereby cla	nim the benefit under litt	le 35, United States Code § 1	19(e) of any Officed States p		isted below.
	A	Application No.	Filing Dat	te	
= =					
I claim the	matter of each of the c	United States Code, Section 12 laims of this application is n	ot disclosed in the prior U	nited States application in	i the manner
information	n as defined in Title 37.	f Title 35, United States Conde of Federal Regulations, international filing date of the	, Section 1.56 which occur	red between the filing date	of the prior
application	and the national of 1 c 1	mornana mag and or a			٦
	Application No.	Date of Filing	Sta	atus	_
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.omey Docket No.: 023070-08 7 900 Client Reference No.: 98-009-1

Full Name f Inventor 1: Residence &	Last Name; ROSE	First Name: LARRY	Middle Name or Initial:
Cirizenship: Pass Office Address:	City: Carmichael Post Office Address: 5467 Wildflower Circle	State/Foreign Country: US City:	Country of Chizenship:
Full Name of Inventor 2:	Last Name: MEARES	Carmichael First Name:	State/Country: Postal Code: 95608
Residence & Citizenship: Post Office	City: Davis Post Office Address;	State/Foreign Country: CA	Middle Name or Initial: F. Country of Citizenship: US
Address: full Name of nventor 3:	421 Encina Avenue Last Name: O'DONNELL	City: Davis First Name:	State/Country: Postal Code: CA 95616
esidence & libzenship: ost Office	City: Nov Sacramento Post Office Address:	State/Foreign Country:	Middle Name or Initial: T. W. Country of Citizenship:
.ddress:	286 Howe Avenue, #B	Ciry:	State/Country: Postal Code: CA 95825

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	any patent usuing thereon.	
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
LARRY M. ROSE Dare 177368v1	CLAUDE F. MEARES Date	ROBERT T. O'DINNELL Date V

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